

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

W/ 694433

FILING DATE

09.24.2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9	1	8		1		
10	1	9		1		
11	1	10		1		
12	1	11		1		
13	1	12		1		
14	1	13		1		
15	1	14		1		
16	1	15		1		
17	1	16		1		
18	1	17		1		
19	1	18		1		
20	1	19		1		
21	1	20		1		
22	1	21	1			
23		22		1		
24		23		1		
25		24		1		
26	1	25	1			
27		26		1		
28		27		1		
29		28		1		
30	1	29	1			
31		30		1		
32		31		1		
33		32				
34		33				
35		34				
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43		42				
44		43				
45		44				
46		45				
47		46				
48		47				
49		48				
50		49				
TOTAL IND.	4		4			
TOTAL DEP.	32		26			
TOTAL CLAIMS	36		32			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						